

Date _____ 19 _____

Permit # _____

Owner's

Name _____

Type of Occupancy: _____

Replacement ☐Plans Submitted Yes ☐ No ☐[illegible]

Check One: Certificate

☐ Corp.

☐ Partnership

☐ Firm/Company

Business Telephone _____ Name of Licensed Plumber or Gasfitter _____

Check one

Yes ☐ No ☐

If you have checked **yes**, please indicate the type coverage by checking the appropriate box.

Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in con pliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town: _____
APPROVED (OFFICE USE ONLY)

TYPE LICENSE:

Plumber
Gasfitter
Master
Journeyman

Signature of Licensed
Plumber or Gasfitter

License Number

FINAL INSPECTION

SKETCHES

BELOW FOR OFFICE USE ONLY

PROGRESS INSPECTION

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO GASFITTING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER OR GASFITTER

LIC. NO.

PERMIT GRANTED

DATE _____ 19 ____

GAS INSPECTOR